Submittal accepted and verified by:		
Planning Staff Signature		

Date Stamp:	

Temporary Use Application

Franklin Department of City Development
9229 West Loomis Road, Franklin, Wisconsin 53132 / Phone: (414) 425-4024 Fax: (414) 427-7691

Please type or print legibly.

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<u>TEMP(</u>	DRARY USE TYPE (CHECK ONE) SECTION 15	-3.0804					
Plannin	g Department Review						
	Christmas tree Sales Lot		Model Home/Dwelling Unit and Pre-Construction Sales Office (Requires Common Council Approval)				
	Roadside Stands for Sale of Agricultural Products		Construction/Temporary Office Trailer and/or Dumpsters				
	Concrete Batch/Asphalt Reprocessing		Retail Promotional Activities				
	Seasonal Plant Sales		Other — describe:				
PROPERTY INFORMATION							
Project	Name						
Tax Ke	y Number(s)						
Proper	ty Address or Section & 1/4 Section						
			nt Use				
Intende	ed Use						
APPLICANT If the applicant is not the owner of record, the legal owner/owners' signature must be on the application OR a letter of authorization from the owner must accompany the application.							
Name							
Addres	s						
		_State _					
Phone		_ Fax					
Email Address							
CONTACT PERSON FOR PROJECT (Surveyor/Attorney/ Architect/Engineer)							
Name _							
Compa	ny						
Addres	s						
City							
Phone		_ Fax					
Email A	Address						

Applicant agrees that any approval issued on representations made in this submittal, and any subsequently issued building permits or other type of permits may be revoked without notice if there is a breach of representations or conditions of approval. Applicant/owner by signature understands and accepts responsibility for completion of all required on-site and off-site improvements as shown and approved on final plan (including landscaping, paving, lighting, etc.) prior to receiving a Certificate of Occupancy.

By the execution of this Application, Applicant authorizes the City of Franklin or its agents to enter upon the property between 7:00 a.m. and 7:00 p.m. daily for the purpose of inspection. Applicant grants this authorization even if Applicant has posted this property against trespassing pursuant to Section 943.13 Wis. Stats.

Applicant hereby certifies that: (1) All statements and other information submitted as part of this application are true and correct to the best of Applicant's knowledge; and (2) APPLICANT HAS READ AND UNDERSTANDS ALL INFORMATION IN THIS PACKET.

Applicant Signature:	Date:
Owner and/or:	Date:
Management Company	

SUBMITTAL REQUIREMENTS

The following information shall be provided as part of the application for a Temporary Use Approval. Applications and plans shall be reviewed in accordance with Section 15-3.0804 of the Unified Development Ordinance, City of Franklin Building Code and Fire Code regulations. Additional information may be required by Staff if deemed necessary to adequately review the application:

- 1. <u>Letter of Intent and Project Description</u>. Include temporary use start date, ending date and hours of operation.
- 2. <u>SITE PLAN</u>. Provide a scale Site Plan showing: (Submit 10 copies, folded to 8-1/2"x11")
 - a. Exterior property boundary lines.
 - b. Location of existing structures and parking lot layout.
 - c. Proposed location of Temporary Use, indicating distance of proposed structure(s) associated with Temporary Use to property line boundaries.
 - d. Parking designated for Temporary Use.
 - e. Ingress/Egress to site.
 - f. Proposed signage.
 - g. Landscape Plan (if required).
 - h. Location and type of proposed fencing (if any)
 - i. Trash Receptacles and Screening.
 - j. Indication of how power will be extended to the site (if applicable).
 - k. Location of proposed lighting.
- 3. <u>FEE</u>. Submit \$50.00 non-refundable Review Fee with Application (payable to City of Franklin).

NOTE: Submittal for review is not a guarantee of approval. Approval of Temporary Use does not exclude potential requirement for additional permits.

For additional information:

- Licenses City Clerk at (414) 425-7500
- Building Permit information Building Inspection at (414) 425-0084

DEPARTMENT USE ONLY

Copies to:

APPROVED DENIED		
Reviewer's Signature:		
Date:	4-digit SIC code: (if applicable)	
Staff Comments / Conditions of Approval:		



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